

Chapter 4: Referral

Referral Procedures

Referral is actually the first “service” that an eligible child and his/her family receive from the First Steps system. The SPOE system ensures that every Missouri child and their family have equal access to early intervention regardless of what part of the state they live. Building a strong network between the LICC, SPOE, and primary referral sources in a community should assist in the early identification and referral of potentially eligible children.

The percentage of enrollment will vary from county to county. The data system tracks this percentage and referral sources and provides a periodic report to the SPOEs. Referral sources indicate how they learned about First Steps. LICCs and SPOEs will track referrals, sources, and other key indicators (such as declines to participate) to judge the integrity of their local public relations work, child find, and referral system. DESE will monitor this from the state level and provide technical assistance accordingly.

Primary Referral Source

A “primary referral source” is the individual or agency that first referred the child to the SPOE for First Steps. Primary referral sources are informed about the referral process and procedures through the public awareness brochure and numerous presentations. Primary referral sources include:

1. Hospitals, including prenatal and postnatal care facilities
2. Physicians
3. Parents
4. Child-care programs

Early Intervention Process
chart

Enrollment in First Steps will vary from county to county, and perhaps even within counties based upon the unique characteristics of the region. Profile data can help LICCs and SPOEs to plan for targeted outreach and predict the numbers of Potential referrals, as well as the special considerations such as non-English speaking families.

5. Local educational agencies (including special education and Parents as Teachers)
6. Public health facilities
7. Other social service agencies
8. Other health care providers

If a referral is received from any other source, the Intake Coordinator is to suggest that the parent be contacted and the referral made by the parent.

A standardized referral form has been developed, along with a cover letter, intended for distribution by the local SPOEs, for all referral sources.

Additionally, a referral form specifically for infants who are being referred from the Neonatal Intensive Care Unit (NICU) has been developed together with an introductory cover letter. These forms should be completed in ink, legibly and may be faxed, mailed or called in to the local SPOE.

Referral forms

Cover letter

System Point of Entry Responsibilities

When a referral is received, the Intake Coordinator sends a written acknowledgment to the primary referral source. This notification is simply for the purposes of acknowledging the receipt of referral and does not necessarily mean contact with the family has occurred. Any further information regarding test results or types of early intervention services recommended are considered confidential under the Family Educational Rights and Privacy Act (FERPA)

While not federally required, it is effective practice that the family is informed of the referral to First Steps by the individual wishing to refer.

Since many referrals go directly to a community referral source or service provider and then to First Steps, SPOEs should develop local policies that outline procedures that clearly delineate how the originating referral source will be notified of receipt of the referral and who within the SPOE will be responsible.

It is at the referral point that the Early Intervention (EI) records will be started, and data entry activities will be conducted from the information contained on the Referral Form. The SPOE will send an acknowledgment of each referral to the source in a timely manner.

The SPOE should respond to all referrals in a timely manner. However, all referrals may not result in intake and evaluation/assessment activities.

When a referral is received, an Intake Coordinator should be assigned as soon as possible, generally 1 – 2 days. The Intake Coordinator should review the referral and take one of the following actions if the basis for the referral clearly indicates that the child **would not** be an eligible child under First Steps and that there is no reason to suspect a disability under state Part C regulations:

Referral from a primary source without parent's knowledge:

1. Send a letter to the referral source thanking them for the referral and indicating that (the child's condition) is not an eligible disability under Part C of the IDEA.
2. Attach a copy of the First Steps eligibility criteria
3. Inform the referral source that if they have any other concerns about the child that would indicate potential eligibility under Part C to contact the SPOE
- Referral from a primary source with the parent's knowledge
 1. Send the letter indicated above to the primary referral source
 2. Send a Notice of Action Refused to the parent with a copy of the Parental Rights Brochure

The terms EI record and electronic record will be used throughout this manual. The EI record is the child's official record, housed at the SPOE, and is a paper or hardcopy file. The electronic record is kept on the computer and links the SPOE to the CFO to provide child data for authorizations and reports.

First Steps eligibility criteria

Notice of Action Refused

- Parent Referral
 1. Send a Notice of Action Refused with a copy of the Parental Rights Brochure

It is anticipated that this procedure will be used rarely and only when it is VERY clear that the child does not exhibit a disability that would qualify them as an eligible child under Part C. If there is any uncertainty about eligibility or there is insufficient evidence to clearly ascertain whether or not the child will be eligible, an evaluation must be pursued. If, then, as a result of the evaluation, the child is found to NOT be eligible, the Service Coordinator must provide a Notice of Action – Ineligibility.

Notice of Action - Ineligibility

Listed below are some examples of instances when a referral might not warrant an evaluation:

- A pediatrician refers a child that has been diagnosed with a strictly medical condition (e.g. cancer, leukemia, etc.) and no other developmental concerns or conditions known to be associated with MR or DD are noted in the referral.
- A parent refers their child because they have a physical condition that is not associated with MR or DD, such as “bow-legs” or clubfoot. The parent expresses no other developmental concerns.
- A PAT referral indicates concerns in development from an EC screening, but the Screening results indicate the child is at or above an average level in most areas with only a minor delay in one area. This delay would clearly not indicate a reason to suspect a 50% delay.

When it is determined that the referral will be accepted (e.g., the referral clearly shows that the child is eligible or is unclear whether or not the child might be eligible for Part C) then it would be reasonable to anticipate that an initial contact with the parent would be within two (2) working days of the referral. This could be by phone or letter, introducing the Intake Coordinator and making plans to get together. The First Steps information brochure could be sent to the family along with the Parental Rights brochure, and then review this information with the family during the intake visit. The SPOE shall determine at the time of referral if the child might be in need of an educational surrogate. If so, the SPOE must follow the procedures outlined in the Part C State Plan.

Written notification to the parent of the Intake meeting is not required. However, there is a place on the Meeting Notification form to indicate this, if the Service Coordinator wishes to use the form.

Determination of Need for Educational Surrogate Appointment Form

In most instances, a referral will require that a multidisciplinary evaluation of the child be conducted. However, keep in mind that an evaluation does not always mean that tests must be conducted. In most instances there is sufficient existing information about the child to confirm whether or not the child is eligible under Part C without conducting additional assessments. The next chapter goes into more detail about Intake, Evaluation and Assessment.